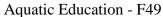


## California Department of Fish & Game

## Partner and Volunteer One-time Event Roster



In-kind match for our grant dollars. Your efforts help us sustain our program(s). Please provide the requested information below, and feel

**Event Name:**Thanks for volunteering for the California Department of Fish & Game! We track your volunteer hours & information to provide

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assured that your information will be kept confidential.						
Name Printed & Signature*	Address	Phone #	Time In	Time Out	Total Hours	
*I understand the conditions of my volunteer activities and duties identified in the Volunteer Services Agreement and the Oath of Allegiance.						

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Federal Aid Job# (if in-kind match): \_\_\_\_\_\_ Total Volunteer Hours\_\_\_\_\_ x Hourly Equivalent= \$\_\_\_\_ Total In-kind Value

I verify that all information reported on this form is accurate to the best of my knowledge:			
Volunteer Coordinator Signature	Print name and title		